APPLICATION FOR COMPETITIVE EXAMINATION FIRE AND POLICE CIVIL SERVICE BOARD

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL QUESTIONS IN THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE DELAYED OR REJECTED.

| NAME: FIRST MIDDLE LAST | | | | | | | | | |
|--|---|--------------|----------------------------|---------|--------------------|--|--|--|--|
| STREET ADDRESS/P.O. BOX NO. CITY/TOV | 'N S | ATE/ZIP | | | | | | | |
| HOME TELEPHONE NUMBER (WITH AREA CODE) () OFFICE TELEPHONE NUMBER (WITH AREA CODE) () | | | | | | | | | |
| SOCIAL SECURITY NUMBER DATE OF BIRTH MONTH/DATE/YEAR: | | | | | | | | | |
| ARE YOU A CITIZEN OF THE UNITED STATES? ☐ YES ☐ NO | | ARE YOU A RI | EGISTERED VOTER O | F THE S | TATE OF LOUISIANA? | | | | |
| TITLE OF POSITION FOR WHICH YOU ARE A POSITION) | PPLYING (F | LE A SEPAR | RATE APPLICATIO | ON FOR | E EACH TYPE OF | | | | |
| RA | ACE/SEX II | IFORMATI | ON | | | | | | |
| The Federal government requires that we require purposes. Completion of this section is volumed this information. | | | | | | | | | |
| □ Male □ White □ Black □ Female □ Other: | ☐ Hisp —— | anic 🗆 | Am. Indian | | Asian | | | | |
| SPECIAL INSTRUCTIONS FOR DOC COMPLETED | _ | | H SHOULD BE EXAMINATION | ATTA | CHED TO YOUR | | | | |
| copy of the documents checked below to you ☐ VOTER REGISTRATION CARD ☐ HIGH SCHOOL DIPLOMA OR GED EQUI ☐ DRIVERS LICENSE ☐ COLLEGE TRANSCRIPT, IF APPLICABL | ☐ HIGH SCHOOL DIPLOMA OR GED EQUIVALENCY CERTIFICATE ☐ DRIVERS LICENSE ☐ COLLEGE TRANSCRIPT, IF APPLICABLE ☐ SPECIAL CERTIFICATIONS OR LICENSES REQUIRED FOR ADMISSION TO SPECIFIC CLASSES | | | | | | | | |
| | EOD DELE | ACE OF IN | JEODMATION | | | | | | |
| AUTHORITY FOR RELEASE OF INFORMATION I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYER, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE. I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT. DATE SIGNATURE OF APPLICANT | | | | | | | | | |
| | | | | | | | | | |
| FOR USE OF CIVIL SERVICE BOARD ONLY | | | | | | | | | |
| □ Voter □ Citizen 1. CHM 2. V. CHM | ☐ Age 3. | | ☐ Education 4. | | □ Vet. Pref. 5. | | | | |

| BACKGROUND INFORMATION | | | | | | | | | | |
|--|---|-------------------|---------------------------|-----------------------|-------------------|---------------|--|--|--|--|
| IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES THE ABILITY TO DRIVE A VEHICLE, PLEASE PROVIDE YOUR DRIVER'S LICENSE NUMBER: | | | | | | | | | | |
| DRIVER'S LICENSE NUMBER & ISSUING STATE: | | | | | | | | | | |
| | | | | | | | | | | |
| 1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE? | | | | | | | | | | |
| □ YES | □ NO | | | | | | | | | |
| NOTE: IF YOU ANSWER "YES" | ' TO THIS QUESTION, PLEASE PRO | OVIDE AN EXPLA | NATION IN TH | E EXPLANATION | I BLOCK PROVID | ED BELOW. | | | | |
| 2. HAVE YOU EVER BEEN COM | NVICTED OF A FELONY? | | | | | | | | | |
| □ YES | □ NO | | | | | | | | | |
| 3. HAVE YOU BEEN CONVICTE | ED OF A MISDEMEANOR DURING T | HE LAST 3 YEA | RS? | | | | | | | |
| □ YES | □ NO | | | | | | | | | |
| BELOW. A CONVICTION WILL | ES" TO EITHER OF THE ABOVE QU NOT NECESSARILY DISQUALIFY Y ITS WITH RESPECT TO TIME, CIRC | YOU FROM THE | JOB FOR WHIC | CH YOU ARE AP | | | | | | |
| | USE THE SPACE PROVIDED BELO | W TO EXPLAIN | ANY "YES" AI | NSWERS TO TH | E ABOVE THREE | QUESTIONS. | | | | |
| ATTACH ADDITIONAL PAGES I | F NECESSART. | | | | | | | | | |
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| | TRAINII | NG/EDUCA | TION | | | | | | | |
| A. HIGH SCHOOL | | | | CHOOL ISSUING DIPL | OMA OR OF STATE | DEPARTMENT OF | | | | |
| ☐ DIPLOMA OR EQUIVALENCY CEI | DTIEICATE | EDUCATION 1550 | JING GED OK EQUIV | VALENCY CERTIFICAT | ıE. | | | | | |
| | RIFICATE | | | | | | | | | |
| DATE RECEIVED: | | | | | | | | | | |
| ☐ I DID NOT GRADUATE, BUT COM | IPLETED GRADE: | VEADO | ODEDIT | DEODEE(0) | DATE OF | MAJOR | | | | |
| B. COLLEGE | | YEARS ATTENDED | CREDIT HOURS EARNED | DEGREE(S) RECEIVED | DATE OF DEGREE | WAJOR | | | | |
| NAME OF COLLEGE O | DR UNIVERSITY/LOCATION | | | | | | | | | |
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| C. OTHER FORMAL TRAINII | NG (BUSINESS, TRADE, MILITARY, ETC., | LOCATION | DATES | DID YOU | NO. OF | | | |
|---|--|-----------------------|--------------|--------------|-------------|--|--|--|
| CLASSES OR SEMINARS) | | | ATTENDED | GRADUATE? | HOPUERSWEEK | | | |
| TITLE OF INSTRUCTION OR CLASS (AT | TACH ADDITIONAL PAGES IF NECESSARY) | | | | | | | |
| | | | | ☐ YES | | | | |
| | | | | □ NO | | | | |
| | | | | ☐ YES | | | | |
| | | | | □ № | | | | |
| | | | | YES | | | | |
| | | | | □ NO | | | | |
| SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES | | | | | | | | |
| PLEASE LIST BELOW ANY PROF APPLYING. | ESSIONAL LICENSES OR CERTIFICAT | TIONS THAT ARE RELEVA | NT TO THE . | JOB FOR WHIC | CH YOU ARE | | | |
| (ATTACH ADDITIONAL PAGES IF NECESSARY) | NO. 1 | NO. 2 | | NO. 3 | | | | |
| NAME OF LICENSE OF TYPE OF CERTIFICATION | | | | | | | | |
| NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION | | | | | | | | |
| DATE LICENSE OR CERTIFICATION ACQUIRED | | | | | | | | |
| EXPIRATION DATE, IF APPLICABLE | | | | | | | | |
| RESTRICTIONS, IF APPLICABLE | | | | | | | | |
| | K, TRAINING, OR EXPERIENCE WHICH CIAL QUALIFICATION REQUIREMENTS | | IE JOB FOR \ | WHICH YOU AR | E APPLYING, | | | |
| | ENCE, PLEASE LIST ANY SOFTWARE I | PACKAGES OR COMPUTER | LANGUAGES | S WITH WHICH | YOU HAVE A | | | |
| WORKING KNOWLEDGE: | | | | | | | | |
| | | | | | | | | |
| TYPING ABILITY:WPM | | | | | | | | |
| | VETERAN'S PR | REFERENCE | | | | | | |
| Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and were discharged honorably or under honorable conditions from the U.S. Armed Forces after having served during any of the following wartime periods: September 16, 1940 through July 25, 1947; June 27, 1950 through January 31, 1955; and between July 1, 1958 through May 7, 1975. After May 7, 1975, you must have served in a peacetime campaign or expedition for which campaign badges were authorized to receive the veteran's preference points. (Exclude active duty for training in Reserves or National Guard.) Should you wish to receive the veteran's points, check the space provided and attach a copy of your DD-214 which verifies the above information. You will not receive the five points if you fail to attach the required documentation. | | | | | | | | |
| ☐ I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 TO THIS APPLICATION FOR VERIFICATION PURPOSES | | | | | | | | |
| REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT | | | | | | | | |
| If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered. I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): Required documentation to attach to your application: IN ORDER FOR THIS CIVIL SERVICE BOARD TO PROCESS YOUR ADA REQUEST, you must attach recent written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared | | | | | | | | |
| by a DOCTOR, PSYCHOLOGIST, REHABILITATION COUNSELOR, OCCUPATIONAL or PHYSICAL THERAPIST, or | | | | | | | | |

OTHER PROFESSIONAL with knowledge of your functional limitations.

□ The required documentation is attached to this application.

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

| NAME AND COMPLETE ADDRESS OF EMPLOY | TYPE BUSINESS | | | | |
|---|---|--|---------------------------|----------------------------------|-------------------|
| | TITLE OF YOUR POSITION | | | | |
| DATES OF EMPLOYMENT FROM: TO: | WAS THIS FULL-TIME EMPLOYMENT? | AVERAGE NUMBE HOURS WORKED WEEK: | | BEGINNING SALARY | ENDING SALARY |
| MO. DAY YR. MO. DAY YR. | YES NO | | | | |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR | NUMBER/TITLE(S | OF EMPLOYEES | YOU SU | PERVISED | |
| DESCRIBE YOUR DUTIES IN DETAIL (USE | SEPARATE SHEET | , IF NECESSARY | (1) | | |
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| | | | | | |
| | | | | | |
| NAME AND COMPLETE ADDRESS OF EMPLOY | <i>(</i> ER | | TYPE BU | JSINESS | |
| NAME AND COMPLETE ADDRESS OF EMPLOY | (ER | | | JSINESS OF YOUR POSIT: | ION |
| NAME AND COMPLETE ADDRESS OF EMPLOY DATES OF EMPLOYMENT | WAS THIS | AVERAGE NUMBE | TITLE (| | ION ENDING SALARY |
| | WAS THIS | | TITLE (| OF YOUR POSIT | ENDING |
| DATES OF EMPLOYMENT | WAS THIS FULL-TIME | HOURS WORKED | TITLE (| OF YOUR POSIT | ENDING |
| DATES OF EMPLOYMENT FROM: TO: | WAS THIS FULL-TIME EMPLOYMENT? | HOURS WORKED WEEK: | TITLE (ER OF PER | DF YOUR POSITED BEGINNING SALARY | ENDING |
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| | | | LE OF | IMMEDI | ATE | | NUMBER/TITLE(S |) OF EMPLOYEES | you su | PERVISED | 1 | |
| DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY) | SUPERV | /ISOR | | | | | | | | | | |
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